

# Transcription

**Media File Name:** Oral Health Webinar Recording.mp3

**Media File ID:** 2116971

**Media Duration:** 35:30

**Order Number:**

**Date Ordered:** 2015-04-07

Transcription by Speechpad

[www.speechpad.com](http://www.speechpad.com)

Support questions: [support@speechpad.com](mailto:support@speechpad.com)

Sales questions: [sales@speechpad.com](mailto:sales@speechpad.com)

Megan: Hello everyone, and welcome to the Oral Health, Why It's Important and What Healthy Start Communities Can Do to Improve It webinar. I'm Megan Hiltner, and I'm the training co-lead with the Healthy Start EPIC Center. I'll be moderating today's webinar. We have approximately 60 minutes set aside for the webinar. It's being recorded, and the recording along with the transcript and slides will be posted to the EPIC Center following the webinar. That way, if any of your colleagues want to listen to this great information after the fact, it will be available to them.

Before I introduce your great speaker for today, I wanted to let you know that we want your participation for the activity. So if at any point you have questions or comments, please chat them in at the bottom left corner of your screen. We'll only be taking questions through the chat function today. And if we don't get to all of your questions by the end of the webinar, we will be putting them into a frequently asked questions document that we'll be posting with the webinar materials on the EPIC Center website.

The only other housekeeping reminder that I have is that you'll be asked to complete an evaluation survey at the end of the webinar, and we really appreciate your feedback, so please take a moment to complete it afterwards.

So now, let me introduce your speaker for today. Jolene Bertness is a health education specialist with the National Maternal and Child Oral Health Resource Center at Georgetown University. I'll turn it over to you now, Jolene.

Jolene: Great. Thanks very much, Megan. Good afternoon, everyone. On behalf of the National Maternal and Child Oral Health Resource Center, I'd like to thank you for making time to take part in today's webinar. I, of course, would also like to thank the Healthy Start EPIC Center team for this great opportunity. I'm delighted to be able to talk to you today about ways that we can work together to raise awareness about oral health and also to share information and resources to help us and you improve oral health in Healthy Start communities.

All right, moving forward. Hey, it worked. To begin, I'd like to just provide a little bit of an overview of what we're going to talk about today during the presentation. Four points we'd like to make. First and foremost is the importance of oral health during pregnancy. Second, reasons why pregnant women do not seek or receive

oral health care. The oral health issues that women may face during pregnancy. And then, finally, some strategies for improving and maintaining oral health.

We're going to begin by talking a little bit about the importance of oral health during pregnancy. In many cases, neither pregnant women or health professionals understand that oral health care is an important component of a health pregnancy. Health professionals often don't provide oral health care to pregnant women, and pregnant women - some even with obvious signs of oral disease - often don't seek or receive oral health care. So educating pregnant women about preventing and treating dental caries is critical.

Evidence suggests that most infants and young children acquire caries causing bacteria from the mom. Providing pregnant women with counseling to promote healthy oral health behaviors may reduce the transmission of these bacteria from moms to their infants and young kids, and thereby delaying or preventing the onset of dental caries.

In 2013, the American College of Obstetricians and Gynecologists issued a committee opinion on oral health care during pregnancy and throughout the life span. In this report, they acknowledged that oral health is a vital component of general health and should be sustained during pregnancy and throughout a woman's life. The report addresses access to care and the possible link between periodontal infection and pre-term birth. The bulk of the evidence has not shown improvement in outcomes after dental treatment during pregnancy, however these same studies did not raise concern about the safety of dental services during pregnancy and in fact deems dental treatment safe during pregnancy. A causal relationship between periodontal disease and average pregnancy outcomes such as pre-term birth and preeclampsia, the treatment of maternal periodontal disease during pregnancy is not associated with adverse maternal or birth outcomes and in fact, prenatal periodontal therapy is associated with improvement of maternal oral health.

ACOG's report stated that most obstetricians and dentists agree that pregnant women should receive dental services. However many dentists are concerned or have raised concern about the safety of dental procedures and medications during pregnancy. Obstetricians, on the other hand, have been more at ease with their

patients experiencing these procedures but are less likely than dentists to recommend care. Improved education regarding the significance of oral health, recognition of oral health problems, and information about procedure safety during pregnancy may make health providers more comfortable with evaluating oral health and more likely to address it with their patients. So the take home here is this: that preventive diagnostic and restorative dental treatment is safe in pregnancy and is effective in improving and maintaining a woman's oral health.

Now let's take a little bit of a closer look at some of the research that we've seen recently. Four out of ten pregnant women have tooth decay and some form of gum disease. We also know that when we look at the percentage of pregnant women who have had a dental appointment in the previous year, in general, younger women and women with lower incomes are less likely to have had a dental visit in the last year. When we look at women with preventive care as the main reason for their visit, again we see that younger women and women with lower incomes are less likely to go to the dentist for preventive care versus other reasons.

Now why might women not seek care during pregnancy? Well first, they might not understand that oral health is important to a healthy pregnancy. They may believe that poor oral health during pregnancy is normal. They may be afraid that their baby may be hurt by X-rays, anesthesia, medications or other treatments. Or, they can't find a dentist willing to treat pregnant women. I'm sure many of you have heard many of these reasons yourselves.

Now let's look a little bit at some of the common oral health issues that women may experience. Oral health is key to overall health and well being at all stages of life. When the bacteria and plaque aren't removed on a daily basis, they can cause a condition called gingivitis. That's when our gums become red, swollen, tender, and they often bleed during brushing. In some cases, the gums may bleed if you touch them with your finger.

Pregnancy is a unique period in a woman's life that's characterized by many physiological changes, and these changes may adversely affect oral health. For example, during pregnancy a woman's estrogen and progesterone levels increase. These are hormones that can exaggerate the way gum tissue reacts to the bacteria

in the plaque on our teeth and this condition is often referred to as pregnancy gingivitis.

Other possible oral health issues that a woman may experience during her pregnancy include pregnancy tumors, tooth erosion, and dry mouth. Pregnancy tumors are growths that are not cancerous or dangerous, but they can be uncomfortable and they usually occur on the gum line of the upper teeth, however, they may occur elsewhere in the mouth. These growths bleed easily and can form an ulcer or crust over. What causes these tumors is not known, although the primary cause is thought to be poor oral hygiene. Trauma, hormones, viruses, malformed blood vessels are other suspected cofactors. And women with these growths usually have pregnancy gingivitis. Most often, pregnancy tumors disappear after the baby is born. If it interferes with speaking or eating, it may need to be removed before the baby is born. About half the time, the growth will come back after being removed during pregnancy.

Another common condition during pregnancy is tooth erosion, which is the wearing away of the enamel from frequent contact with acids. Pregnant women with severe morning sickness, for example who have frequent vomiting, may develop tooth erosion. And finally, many pregnant women may complain of dry mouth. Saliva in your mouth helps to buffer your teeth against the acids that produce the bacteria and this can make pregnant women more susceptible to developing tooth decay. I'll address this condition later in the presentation when we talk more about personal oral hygiene. Another possible oral health issue during pregnancy is iron deficiency anemia. The oral health effects of iron deficiency anemia may include a burning sensation in the mouth and tongue, fungal infections in the mouth, redness and swelling of the tongue, or sores and pale tissue in the mouth.

Okay. We're going to go a little bit into a poll here. Megan, if you want to help me out with this here.

Megan: Sure.

Jolene: I know that many of you have heard lots of . . . There's lots of misinformation and advice that's given, particularly around pregnancy, not only about oral health but many other kinds of concerns around pregnancy. So I thought

we'd do a little bit of a poll here to find out what kind of misinformation advice you may have received based on anecdotal experience or emotion. How many of you have heard that baby teeth are not important, they just fall out? True or false? If you can put your answers into the chat, is that correct Megan, how we want to do that?

Megan: Well actually, we have radio buttons there that they can click on true or false in [inaudible 00:11:55]

Jolene: Oh, great, okay.

Megan: Right there on the screen. And it looks like seven folks have clicked in at this point. Eight folks have clicked in at this point.

Jolene: Okay. Are we ready to get the results?

Megan: Yeah.

Jolene: Bare with me. I'm learning all this at the same time. Okay.

Megan: You're doing great, you're doing great.

Jolene: Great. So, there're a few that have mentioned that baby teeth aren't important, they just fall out. Well in fact, that is a myth. It's false. Baby teeth play a significant role in children's health and development. They help the speech. They support our nutrition and help to preserve space in the jaw for permanent adult teeth. Oral health issues are common in young children and can often lead to pain and infection along with trouble sleeping, difficulty concentrating, or emotional distress, or simply feeling bad about the way they look. Establishing healthy oral habits from a very early age, including regular checkups starting at age one, can set a child up for a lifetime of good oral health.

Okay, let's try another one, okay? Brushing alone will clean my teeth, true or false?

Megan: And so it looks like folks have got it down. You're weighing in as to what you think. Will brushing alone clean my teeth? And it looks like we've got 11 folks that have weighed in. Let's go ahead and skip the results.

Jolene: Okay. All right, 100% you're right. That is a myth. We all know that while brushing our teeth twice daily with fluoridated toothpaste, especially before bed, is

an important part of maintaining good oral health. Brushing alone is not enough to completely remove the bacteria. Professional cleanings remove additional plaque and tartar buildup to protect against cavities and gum disease as well. We also can't forget to clean between the teeth. If we're only brushing, we're only cleaning about two-thirds of the tooth surface.

All right. And we've got one more. Tooth loss is a part of aging, true or false?

Megan: It looks like folks are weighing in.

Jolene: All right.

Megan: We've got seven responses, eight responses. Okay, let's just get the results. It looks like the majority of folks have weighed in.

Jolene: All right. We've got about 41 and 58%, so about half and half here. Tooth loss is not inevitable. More people are keeping their natural teeth for a lifetime. Losing our natural teeth can affect our nutrition, our enjoyment, our variety of foods. It can lead to slurred speech and reduce our self esteem. We have to keep in mind that we can keep our teeth for a lifetime by continuing to practice good oral care at home, by planning ahead for extended health care needs that also include oral examinations, even if we wear dentures, and cleanings to prevent disease.

All right. Terrific. Thanks everyone for participating in that. Now I'd just like to talk a little bit about some of the messages we'd like to share with women. We talked up to this point about some of the research on women who are seeking care and why they aren't seeking care. And now let's talk a little bit about some of the things we would like you to say to women. First and foremost is that oral disease is by and large preventable. Key points are to get oral health care, to practice good oral hygiene, to eat healthy and nutritious foods, and to practice other healthy behaviors, and we'll go into a little more detail about what we mean.

When we talk about getting oral health care, we know that maternal illness during pregnancy is not unusual and sometimes necessitates radiographic imaging for proper diagnosis and treatment. While moms to be may experience anxiety from the potential harm to her baby from radiation exposure, there is no need for concern in a dental office. The accepted cumulative dose of ionizing radiation during pregnancy is 5 rad, and no single diagnostic study, medical or dental,

exceeds the maximum. The most sensitive time period is between 10 and 17 weeks of gestation. Non-urgent radiographs should be avoided during this time, however diagnostic radiographs and treatment are not contraindicated. Again, the American College of Obstetricians and Gynecologists has issued guidelines for diagnostic imaging during pregnancy. And they state that women should be counseled that X-ray exposure from a single diagnostic procedure does not result in harmful fetal effects. In other words, concerns about possible effects of radiation exposure should not prevent medically indicated diagnostic X-ray procedures from being performed on pregnant women.

The big key here is that we do . . . Oops, I'm sorry. I'm going to go back just a little bit. I want to be sure to mention that it's important that women have a complete oral exam early in their pregnancy and even preferably before. Because you're pregnant, your dentist might not take routine X-rays, but if you need them, the health risk to your unborn baby is small. And remember that dental work during pregnancy is safe. The best time for treatment is between the 14th and 20th weeks. And in the last months, you might be uncomfortable sitting in a dental chair. And then also, have all needed treatment. If you avoid treatment, you may risk your own and your baby's health.

Other key points for women to understand is that we need to be able to practice good oral hygiene, drink fluoridated water throughout the day, brush teeth using fluoridated toothpaste twice a day, and to floss once a day. We also recommend rinsing nightly with an over the counter alcohol free fluoride mouth rinse and after eating to chew gum with Xylitol to reduce the amount of bacteria that cause tooth decay. After vomiting, you can rinse with a teaspoon of baking soda in a cup of water to help neutralize the stomach acids in the mouth. If a woman suffers from a [inaudible 00:19:04] dry mouth difficulties, some tips for relieving dry mouth might be sipping on water, or sucking on ice chips, making sure that she avoids alcohol, tobacco and caffeine, salty and spicy foods. You can try using a humidifier at night. And of course importantly, talk to a dentist or dental hygienist.

What are some of the other kind of messages that we'd like to deliver? Eating healthy and nutritious meals. Nutrition and food are very important to our overall health and our oral health. If we eat a variety of healthy foods, and avoid those that are high in sugar, like candy, cookies, cake, and dried fruits. Making sure that we



read labels to identify foods that are high in sugar. Drink fewer beverages that contain sugars like fruit flavored drinks or soda pop, and drink water throughout the day, especially between meals and snacks. And other healthy behaviors that we try to encourage are attending prenatal classes, stop tobacco and recreational drug use, avoiding second hand smoke, and stopping alcohol use, which are all messages that Healthy Start communities are already providing to women.

What are some of the strategies that we can use to help pregnant women achieve and maintain oral health? I'm going to talk a little bit about some education strategies, as well as some case management strategies, and you may be familiar with these. The Oral Health Resource Center is involved in many education strategies as well as partnerships and collaborations, and we'd love to work with you on these as well. Certainly including oral health in your prenatal and perinatal home visits. Some communities are hosting oral health baby showers. Some are arranging ask a dentist or a dental hygienist events for pregnant women. You can also use informational interviewing strategies to educate and motivate women, and we have resources in our library as well on that. And there are a lot of good training resources as well.

Case management strategies might include identifying a local oral health provider who is willing to see pregnant women and make referrals. I suspect that this is an issue that is common across the country that we've heard that it's sometimes difficult to identify local oral health providers. Another is to help pregnant women overcome the emotional and physical barriers to receiving oral health care. And finally, working in partnership and collaboration with others. We have worked a lot with local WIC agencies, partnered with local dental societies or local universities with dental schools or dental hygiene schools. We also partner with local obstetrics and gynecological societies and of course with perinatal programs, such as Healthy Start.

Before I talk about some of the resources that we have available for you, I did want to say thank you to those of you who have already ordered materials. I know that the Healthy Start EPIC Center graciously put some information out in the newsletter as well about resources that were available in print in bulk and we had an overwhelming response to that. We also talked to many of you at the recent

national Healthy Start Association meeting and had distributed materials at that time as well.

So just briefly, I wanted to talk a little bit about some of the resources that we have available. But also to keep in mind that not only does the resource center produce, develop, and disseminate materials but we also work to collect programmatic materials. So our library is chock-full of things like standards and guidelines, curricula, teaching guides, policies and reports. We also respond to information requests. So if you come to the website and you can't find what you're looking for, just give us a call or email us and we're happy to help with that. We have covered things from access to care to reimbursement for oral health services. Again as I said, we develop and disseminate materials that I'm going to talk about right now and maintain our website.

And earlier, we talked about some of the work that we've done around collaboration and partnership as well as presenting and exhibiting at the national conferences and meetings. So on this slide, I've talked about four of the materials that are available that we have produced at the resource center and one of them is the Bright Futures in Practice oral health pocket guide. Again, this is something that's very easy to slip into a lab coat, for example, if you're a physician or nurse or a home visitor. It's something that spans four health professionals. It provides an overview of preventive oral health supervision for five periods from pregnancy and postpartum, infancy, early childhood, middle childhood, and adolescence. It's designed to help health professionals implement specific guidelines during these periods. And for each one of those periods, there's information about family preparation, risk assessment, screening, examination, and anticipatory guidance. There's also sample interview questions and desired outcomes provided.

Another resource that we have developed is the oral health care during pregnancy conference [SP] statement. Now this is something that we've done with a large group beginning with an expert work group that met in October of 2011 in Washington, DC. The group was convened by the Health Resources and Services Administration in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association. These resources provide guidance on oral health care for pregnant women for both prenatal care health professionals and oral health professionals. It also includes pharmacological

considerations, medications in other words, and guidance for health professionals to share with pregnant women. There is a tip sheet inside of the conference statement that can be shared directly with women.

There are additional resources as well that we have available including the meeting summary, a table with some of the pharmacological considerations, and outreach tools. And these have been used by others to present, for example, announcements and newsletters, their talking points if you're doing a presentation about oral health. There are also sample texts, and there's also a graphic widget that you can embed right in your website. Also on here I included a module from the Oral Health and the Pregnant Patient and the Smiles for Life which was developed by the American Academy of Family Physicians and a training that we had developed called Open Wide, which is in several modules on oral health for health professionals who are working in community settings.

And now I'd like to talk just a little bit about some of the resources . . . Oops, got a little trigger happy there. We are looking now at the resources for pregnant women that are available [inaudible 00:26:44] from the resource center, but I do want to reiterate as always that these are just some of the materials that we have developed, that there are many others in the library and also on our website. The first set here is a set of six brochures. It's really three brochures in English and three in Spanish. And they're designed to provide parents with information about the importance of oral hygiene and oral health care during pregnancy and after babies are born. It also helps them to ensure that their infant or young child enjoys the best possible oral health. And again these brochures are available for download from the website. You can view them. You can also print them out. Or, you can order them in print in bulk as well.

And then, this tip sheet, the next piece on here, is also in English and Spanish and it provides resources to help women take care of their oral health during pregnancy. And some of the topics are practicing oral hygiene and eating foods and the behaviors that we've talked about earlier in the presentation. The tip sheet also encourages women to take care of their babies' gums and teeth and to ask their pediatric health professional to check their infants' mouths beginning at age 6 months when teeth erupt and provide a referral to a dentist for urgent care. So often what happens is something will happen to a young child, for example when they're

beginning to learn to walk as my son did falling and hitting their tooth, and then not knowing where to go. The wonderful thing about having a child seen early is that you set up that relationship in your child's life very young and that you know when something happens you're not suddenly in a situation where you don't know where to go and where to seek help.

All right, I think that covers most of the topics that I wanted to share with you today. But, a lot of the reason we're here is to find out what kinds of questions you might have. Primarily, some of the things we wanted to talk about were what resources you have found to be most useful, because that is something that we're always looking for to share with others. And also, I think that we were going to talk a little bit about some of the resources we might have in languages other than Spanish as well. Did anyone have any questions that they wanted to bring at this point?

Megan: So remember, folks, we're taking questions through the chat box. Go ahead and chat those questions into the chat box at the lower left corner of your screen if you have any. One thing that Jolene brought up was if you all have resources that you like or you're using that are outside of ones that she has suggested, if you are using something like that, please chat that into the chat box, because I think that we could always build the library of resources out there. One question here that came in, Jolene, was, "What other misinformation do you hear most frequently or advice do you most frequently give to pregnant women and new moms about oral health in addition to the myths that you shared earlier?"

Jolene: I think primarily it's that women should seek care. Trying to encourage women that they, first of all, ideally would have an oral exam when they're planning to become pregnant. But certainly when they are pregnant, if they're having any problems with their oral health of any kind, pain is not something you should encounter, that they do seek care and that we help them to do that.

Megan: A question that did just come in, and this is regarding the brochures that you had spoken of, is are they free?

Jolene: Yes they are. Very good question. I think we don't make that known as well as we probably should. We are funded through HRSA's Maternal and Child Health Bureau and this is one of the services that we provide. We found over time the

reason we develop resources is primarily when we see gaps, and finding materials that are accurate and culturally competent and these kinds of things are very important. So the materials that we provide to you are available free of charge. Now do keep in mind that we know that's going to be the case through the end of June that we have availability to distribute print materials. They'll always be available online, of course, but there may be some question as to how many materials we're able to distribute after that point in print. So I encourage you to order earlier.

Megan: Do you mind reminding folks how to go about ordering those materials?

Jolene: Oh, certainly. Well we can go to the next slide. This is the National Maternal and Child Oral Health Resource Center contact information. And our website is right there. It's MCHOralHealth.org. And when you come to our home page, there's a link to an order form right on the home page. Or, if you put a back slash "order" after this website, you'll come to the order form and that order form is linked throughout as well. Of course, please don't hesitate to get in touch with us. You can call or email at any time and we're happy to help.

Megan: Great. Now you did bring up earlier that resources were available for pregnant women in English and Spanish. Are they available in any other languages, other than English and Spanish?

Jolene: We do have materials in other languages. And again, if you were to select in the library, what comes up is exactly that. You can select materials that are in other languages. Now do keep in mind that many of the things that we have collected are samples of materials that have been developed. We try to be sure that . . . In general, materials should be developed for women and delivered to them in the language in which they use. And that isn't always the case in some of the translation of materials. So that is definitely something that you need to keep in mind as well. We can help to walk you through that as well.

Megan: Great. So folks, are there any other questions or comments that you have? We'll give another minute or two to that.

Jolene: Okay.

Megan: And how about as we wait for any more questions or comments I can give some quick reminders about upcoming webinars this month through the EPIC Center. On April 14 from 3:00 to 4:30 there's a webinar in Care Coordination in the Healthy Start Community. On April 21 from 3:00 to 4:00 p.m. there's a webinar in Using Doulas as a Resource for Case Management. On April 28 there's a webinar from 3:00 to 4:00 on Reproductive Life Planning. And then, on April 30 from 3:00 to 4:00, these are all Eastern time by the way, there's a webinar in CenteringPregnancy and CenteringParenting: Innovative Models for Prenatal, Well-Woman, and Well-Baby Care. All of the information about these webinars, including registration information, is included on the EPIC Center website. The recorded webinars that take place as well as transcripts, slide presentations, and other relevant resources will be posted on that EPIC Center website as well. So Jolene, it looks like you gave a very informative presentation, but we don't have a lot of questions or comments right now.

Jolene: [inaudible 00:34:39]

Megan: If stuff comes up later on, Jolene gave her contact information. Here, I'll put it up again here. You can email her and you can also email the Healthy Start EPIC Center at [healthystartepic@jsi.com](mailto:healthystartepic@jsi.com) and we can connect you to her as well. I want to thank you so much for your time, everyone. And I want to thank you, Jolene, for your wonderful presentation. So without further ado, we'll wrap up for today. Thank you all. And we hope to have you on another webinar soon.

Jolene: Great. Thank you very much, Megan. And I hope you all will stay in touch. Thanks.

Megan: Thanks. Bye bye.